

## Seminole Nation Food and Nutrition Services

P.O.Box 111 Seminole, OK 74868 405-234-5240

### Third Party Statement

Date	Case Name	Case Number
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It is necessary to verify the members of a household who are unemployed. For your convenience, we are providing this form to help you meet this requirement. It should be completed and signed by a person who:

- **does not reside** in your home; and
- **is not related to** either you or anyone else who is living in your household; and
- **is knowledgeable** about your situation.

**Please bring this form with you to the interview for (re)determination of your eligibility.**

The Seminole Nation Food & Nutrition Services has my permission to contact the person completing and signing this form to clarify and/or obtain additional information necessary to (re)determine my eligibility for certification.

Applicant's Signature	Date
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**STOP! WARNING: Completion of any items below by Applicant(s) will invalidate this form!**

#### To Be Completed by a Third Party:

To the best of my knowledge, the following persons residing at this address are unemployed:

Street	City	State	Zip
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In the area below, list the **FULL** names of all persons who live at the above address and are unemployed:


I understand that by completing and signing this document, I am verifying to the best of my knowledge that all household members listed above are unemployed and that no individuals have been excluded.

Signature of person completing form	Date	Phone	
Street	City	State	Zip

**Do Not Write Below This Line (Agency Use Only)**

This statement is acceptable for eligibility. ~ Yes; ~ No

Employee's Signature		Date
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